

CHILD KET 3/3/06

FULL SERVICE PARTNERSHIP Child/Youth Key Event Tracking Form FOR AGES 0-15 YEARS

PARTNERSHIP INFORMATION		
County Number CSI County Client Number	er Child/Youth's Date of Birth (mmddyyyy)	
Child/Youth's First Name Child/Youth's Last Name		
CHANGE IN ADMINISTRATIVE INFORMATION (skip this section if there are no changes) Date of Provider Site ID Change (mmddyyyy): NEW Provider Site ID		
Date of Full Service Partnership Program ID Change (mmddyyyy):	NEW Full Service Partnership Program ID	
Date of Partnership Service Coordinator ID Change (mmddyyyy):	NEW Partnership Service Coordinator ID	
Date of Partnership Status Change (mmddyyyy):	Indicate new partnership status:	
	O Discontinuation/Interruption of Full Service Partnership and/or community services / program (indicate reason below) O Reestablishment of Full Service Partnership and/or community services / program	

If there is a DISCONTINUATION/INTERRUPTION of Full Service Partnership and/or community services / program, indicate the reason (mark one):

- O Target population criteria are not met.
- O Child/youth decided to discontinue Full Service Partnership participation after partnership established.
- O Child/youth moved to another county/service area.
- O After repeated attempts to contact child/youth, s/he cannot be located.
- O Community services/program interrupted Child/youth's circumstances reflect a need for residential/institutional mental health services at this time (such as IMD, MHRC, State Hospital).
- O Community services/program interrupted Child/youth will be serving jail/prison sentence.
- O Child/youth has successfully met his/her goals such that discontinuation of Full Service Partnership is appropriate.
- O Child/youth is deceased.

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RESIDENTIAL INFORMATION - includes hospitalization and incarceration (skip this section if there are no changes) Date of Residential Status Change (mmddyyyy): Indicate the new residential status (mark one): GENERAL LIVING ARRANGEMENT **RESIDENTIAL PROGRAM** O With one or both biological/adoptive parents O Group Home (Level 0-11) O With adult family member(s) other than parents - non-foster care O Group Home (Level 12-14) O In an apartment or house alone / with spouse / partner / minor children / Community Treatment Facility other dependents / roommate - must hold lease or share in rent / mortgage Licensed Residential Treatment (includes crisis, short-term, O Foster Home (with relative) long-term, substance abuse, dual diagnosis residential programs) O Foster Home (with non-relative) JUSTICE PLACEMENT **SHELTER / HOMELESS** O Emergency Shelter / Temporary Housing (includes people living with friends but O Juvenile Hall / Camp / Ranch paying no rent) O California Youth Authority O Homeless (includes people living in their cars) O Other **HOSPITAL** O Acute Medical Hospital O Unknown O Acute Psychiatric Hospital / Psychiatric Health Facility (PHF) O State Psychiatric Hospital **EDUCATION** (skip this section if there are no changes) **GRADE LEVEL INFORMATION** Date of Grade Level Completion (mmddyyyy) Level of education completed: O Day Care O 6th Grade O High School Diploma / GED O Pre-School O 7th Grade O Less than 2 years college / O Kindergarten Some Technical / Vocational Training O 8th Grade O AA degree O 1st Grade O 9th Grade O 2nd Grade O 10th Grade O Technical/Vocational Degree O 3rd Grade O Level Unknown O 11th Grade (e.g., child/youth in non-public school) O 4th Grade O 12th Grade O 5th Grade O GED Coursework **EXPULSION INFORMATION** SUSPENSION INFORMATION Date of Expulsion (mmddyyyy) Date of Suspension (mmddyyyy)

EMPLOYMENT

Date of Employment Change (mmddyyyy): **CURRENT EMPLOYMENT** Indicate the child/youth's employment status... **AVERAGE** HOURS/WEEK **HOURLY WAGE Competitive Employment:** Paid employment in the community in a position that is also open to individuals without a disability. **Supported Employment:** Competitive Employment (see above) with ongoing on-site or off-site job-related support services provided. **Transitional Employment/Enclave:** Paid jobs in the community that are 1) open only to individuals with a disability AND 2) are either time-limited for the purpose of moving to a more permanent job OR are part of a group of disabled individuals who are working as a team in the midst of teams of non-disabled individuals who are performing the same work. Paid In-House Work (Sheltered Workshop/Work **Experience/Agency-Owned Business):** Paid jobs open only to program participants with a disability. A Sheltered Workshop usually offers sub-minimum wage work in a simulated environment. A Work Experience (Adjustment) *Program* within an agency provides exposure to the standard expectations and advantages of employment. An Agency-Owned Business serves customers outside the agency and provides realistic work experiences and can be located at the program site or in the community. Non-paid (Volunteer) Work Experience: Non-paid (volunteer) jobs in an agency or volunteer work in the community that provides exposure to the standard expectations of employment. Other Gainful/Employment Activity: Any informal employment activity that increases the consumer's income (e.g., recycling, gardening, babysitting) OR participation in formal structured classes and/or workshops providing instruction on issues pertinent to getting a job. (Does NOT include such activities as panhandling or illegal activities such as prostitution). Check here if the child/youth is not employed at this time: \Box

Does one of the child/youth's current recovery goals include any kind of employment at this time? O Yes O No

LEGAL ISSUES / DESIGNATIONS (skip this section if there are no changes)

ARREST INFORMATION	
Date Child/Youth Arrested (mmddyyyy):	
PROBATION / PAROLE INFORMATION	
Date of Probation Status Change (mmddyyyy):	Indicate new probation status:
	O Removed From Probation O Placed on Probation
Date of Parole Status Change (mmddyyyy):	Indicate new parole status:
	O Removed From Parole O Placed on Parole
CONSERVATORSHIP / PAYEE INFORMATION	<u>1</u>
Date of Conservatorship	
Status Change (mmddyyyy):	Indicate new conservatorship status:
	O Removed from conservatorship O Placed on conservatorship
Date of Payee Status Change (mmddyyyy):	Indicate new payee status:
	O Removed from payee status O Placed on payee status
DEPENDANT (W & I CODE 300 STATUS) INF	<u>ORMATION</u>
Date of W & I Code 300	Indicate new W&I Code 300 status:
Status Change (mmddyyyy):	O Removed From O Placed on
	W & I Code 300 Status W & I Code 300 Status
EMERGENO	CY INTERVENTION
(skip this sectio	n if there are no changes)
Date of Emergency Intervention (mmddyyyy): Indicate the type of emergency intervention:	
(e.g., emergency room visit, crisis stabilization unit)	
OPt	ysical Health Related O Mental Health / Substance Abuse Related
COUNTY USE QUESTIONS	
COUNTY COL QUESTIONS	
Date of County Use Field #1 Change (mmddyyyy):	Indicate NEW County Use Field #1
Date of County Use Field #2 Change (mmddyyyy): Indicate NEW County Use Field #2	
Date of County Use Field #3 Change (mmddyyyy): Indicate NEW County Use Field #3	